

**STATE OF SOUTH DAKOTA  
CLIENT SERVICE SUMMARY  
FISCAL YEAR 2006**



**PREPARED BY**

**THE DEPARTMENT OF HUMAN SERVICES  
DIVISION OF ALCOHOL AND DRUG ABUSE**

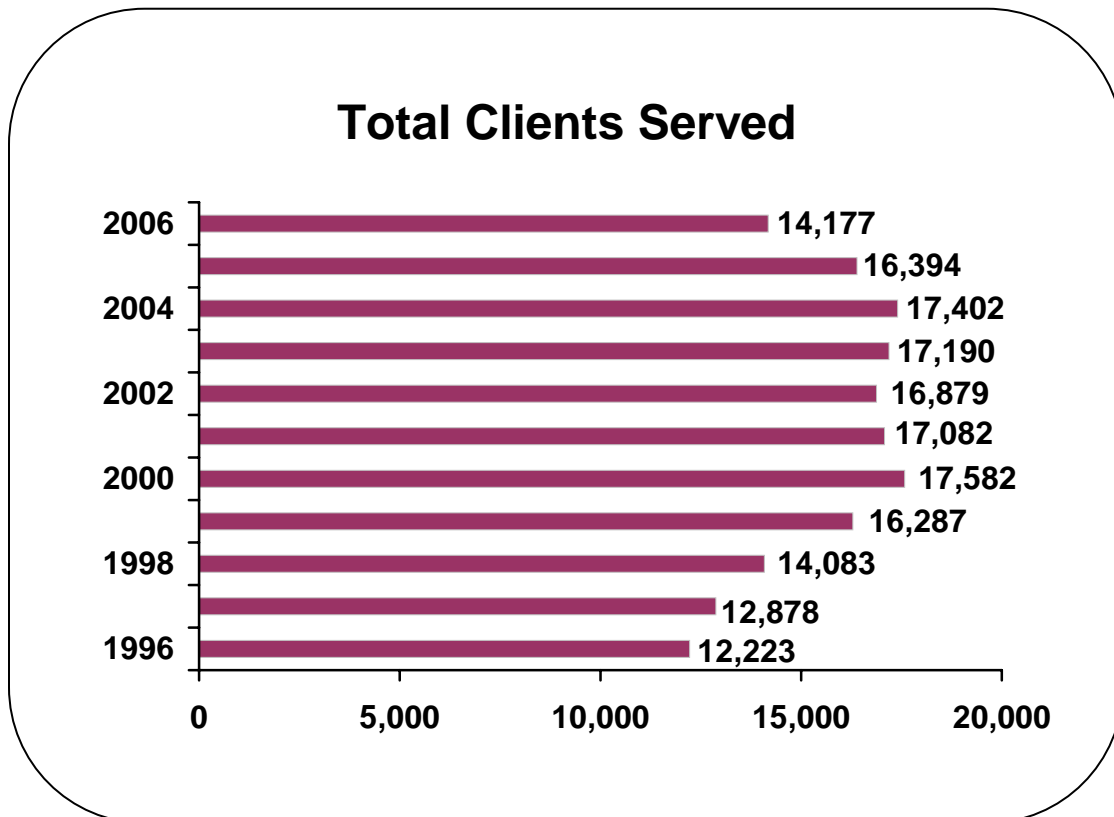
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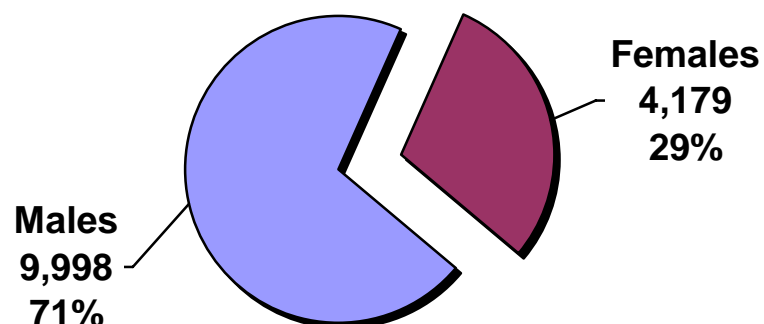
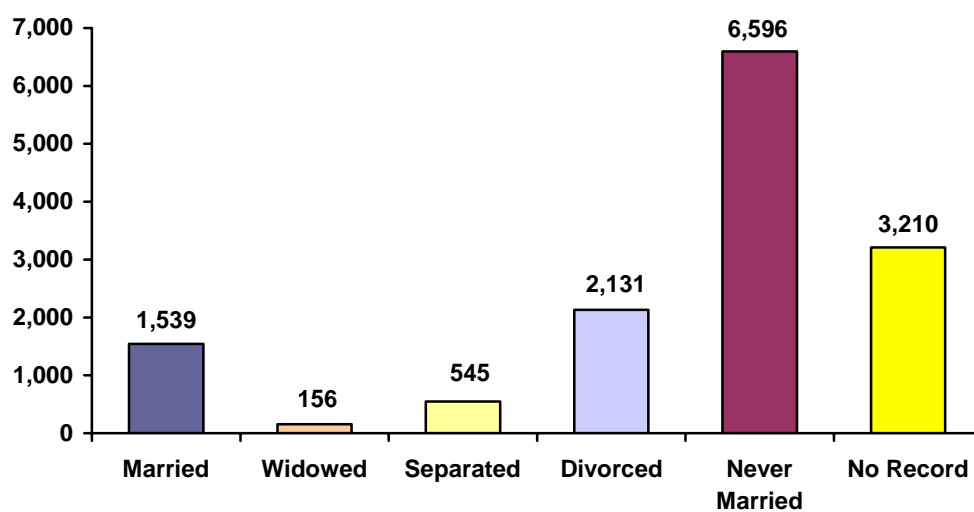
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The Division of Alcohol and Drug Abuse along with the State of South Dakota has updated and changed how facilities report client demographic, chemical use, and treatment to the state; this began as of FY2006. The reporting system has been changed from the Management Information System (MIS) to State Treatment Activity Reporting System (STARS). The STARS system is a better and improved way of gathering client information that will help South Dakota track and monitor data in an accurate manner. Doing this we, as a division, hope to receive a more accurate count of clients that have or will enter into any of the treatment facilities that are accredited within the state.

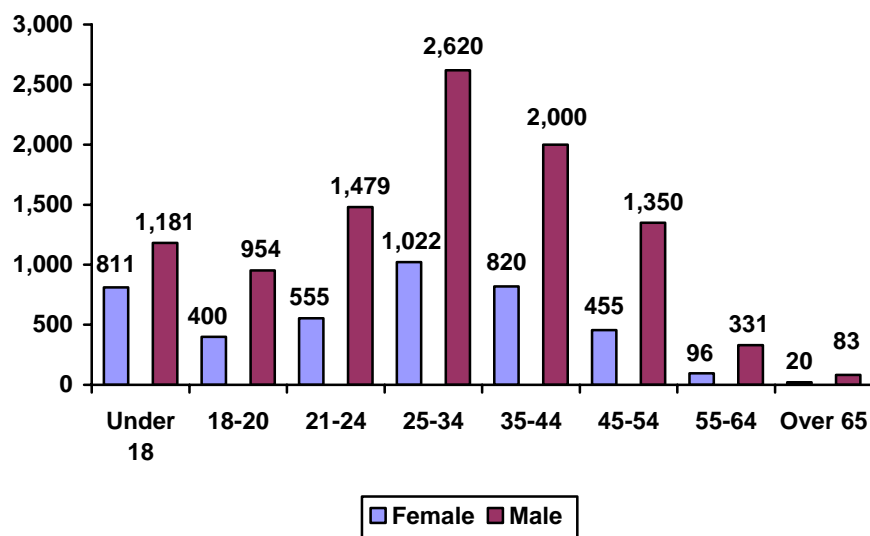
Although we are still working out all of the new system requirements, the data that is shown is as an unduplicated count of client's from all 61 state accredited agencies. Compared to the prior MIS system the STARS system gives us more information with less error. The STARS system shows approximately 3,000 clients did not complete the demographic information screens in STARS, either because they did not actually enter/attend treatment services or because they did not meet requirements for such treatment.

In FY2006 (June 1, 2005-May 31, 2006), a total of 14,177 clients (unduplicated number) received services through 61 accredited treatment facilities through the State of South Dakota. These clients received services ranging from crisis intervention to structured treatment programs.



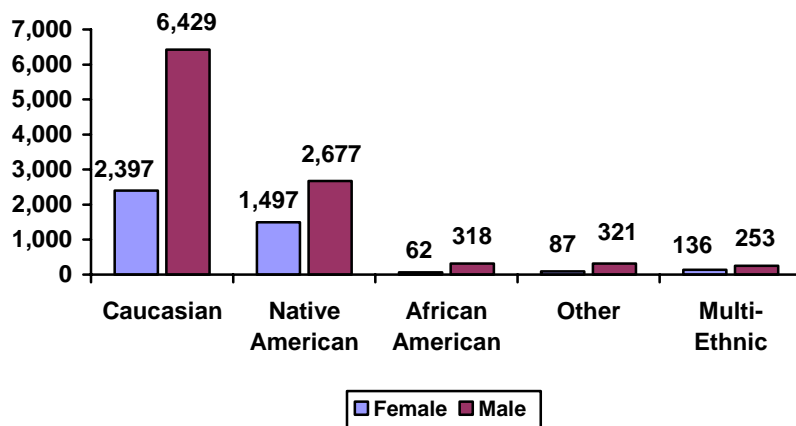
**DEMOGRAPHIC INFORMATION ON CLIENT ADMISSIONS FOR FY2006****Gender****Marital Status**

## Clients by Age

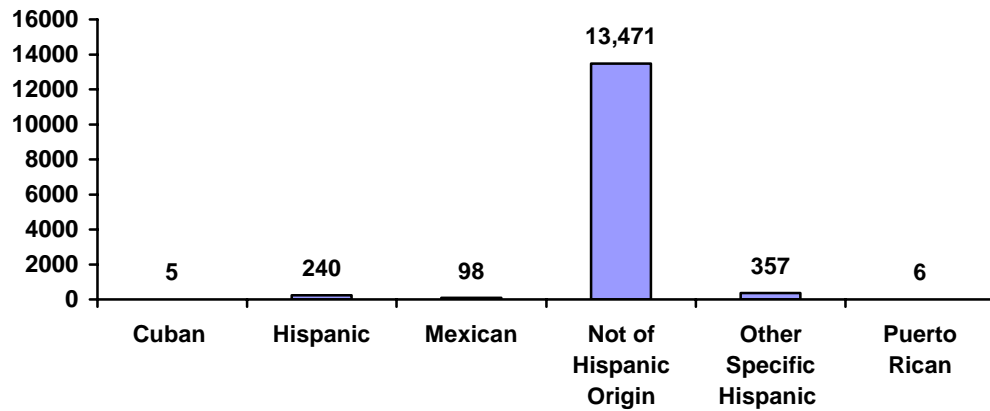


## ETHNICITY

### Race

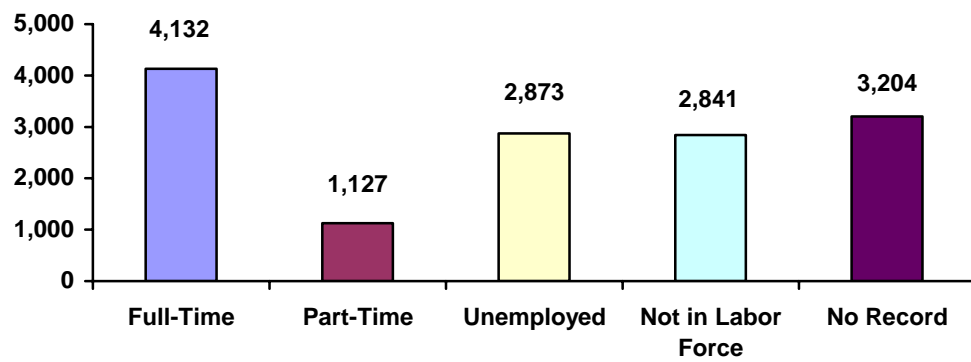


## Ethnicity

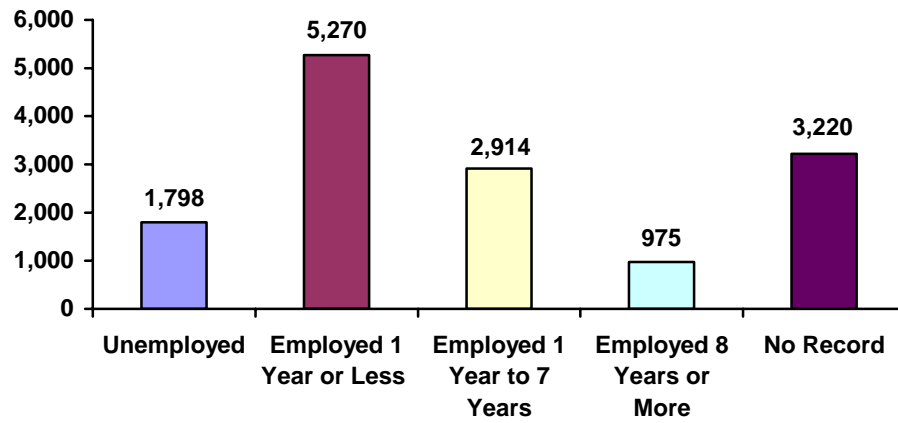


## EMPLOYMENT

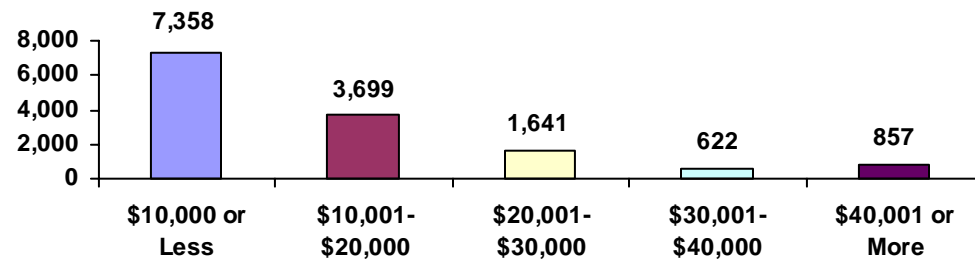
### Employment Status



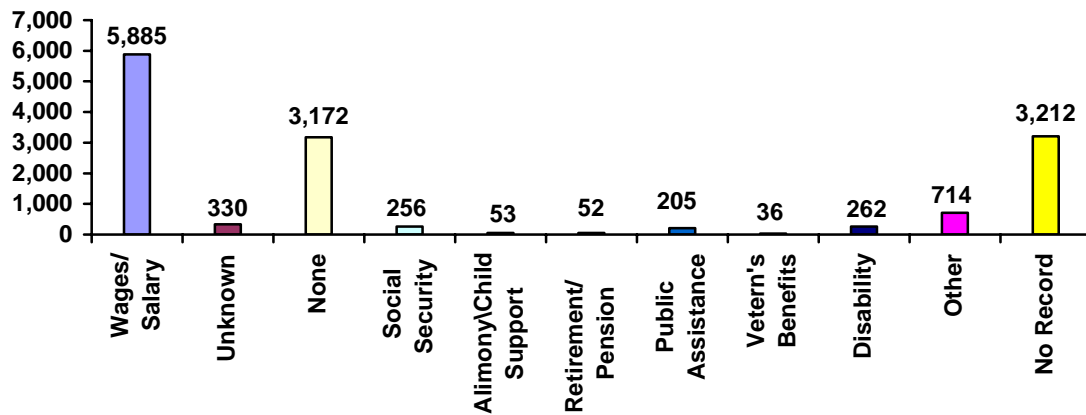
## Employment



## Yearly Average Salary

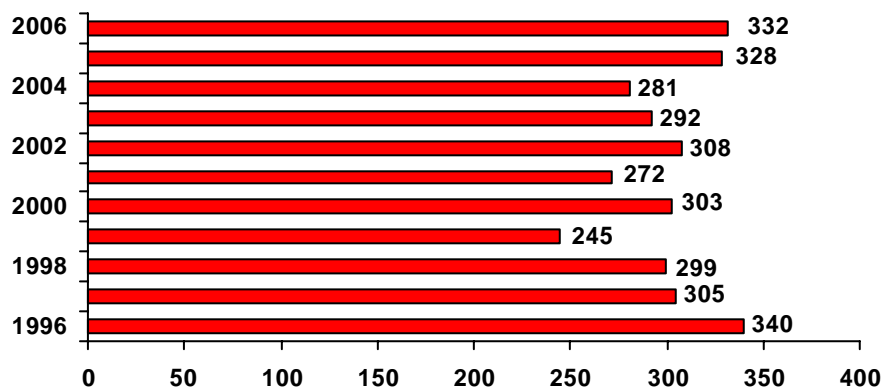


### Source of Income



The information in the graph below shows that 332 clients reported to be homeless at the time of admission during FY2006. This compares with FY2005 when 328 clients were reported homeless at the time of admission.

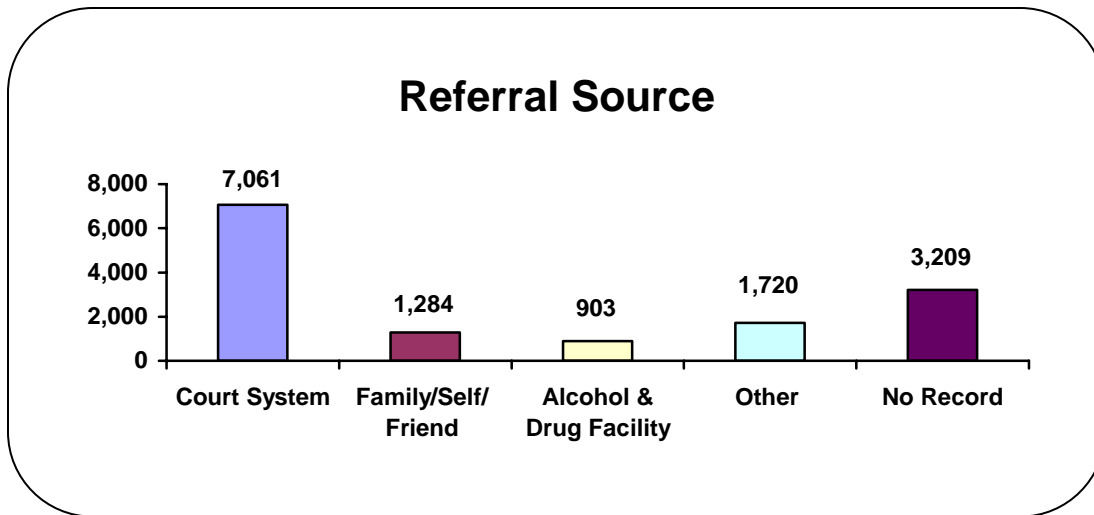
### Homeless Clients





## REFERRALS

The following graph reflects client referral sources for chemical dependency services. The “Other” 16% (This percentage does not include the 3,209 clients for which we have no record) of referrals were made by one of the following: employer, school, medical physician, community mental health center, Dept. of Social Services, Bureau of Indian Affairs, Indian Health Services, Division of Alcohol and Drug abuse, law enforcement, circuit court judges, Human Services Center and other community based sources.



## DISCHARGES

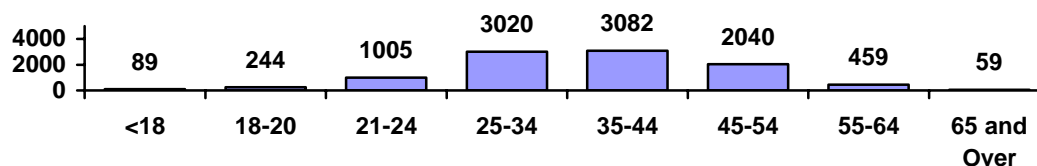
STAR'S shows there were 16,058 total admissions with 14,177 clients moving in and out of the chemical dependency system multiple times. Of the total admissions 10,004 were discharged in FY 2006.

Discharge referrals were made to one of the following: attorney, Department of Social Services, Parolee Services, against counselor advice, family/friend, medical physician, community mental health centers, Indian Health Services, Division of Alcohol and Drug Abuse, Gamblers Anonymous and other community-based sources.

## DUI CONVICTIONS

For those clients referred for services in FY 2006; 14,177 clients had a total of 9,998 DUI convictions within the last ten (10) years. In FY 2006; 1,072 clients went through the South Dakota Public Safety DUI Curriculum; which is a 12 hour course.

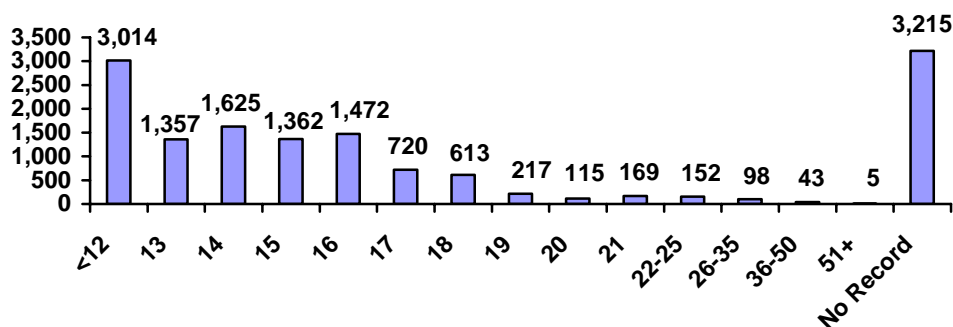
### DUI Convictions in the Past 10 Years



## AGE OF FIRST USE

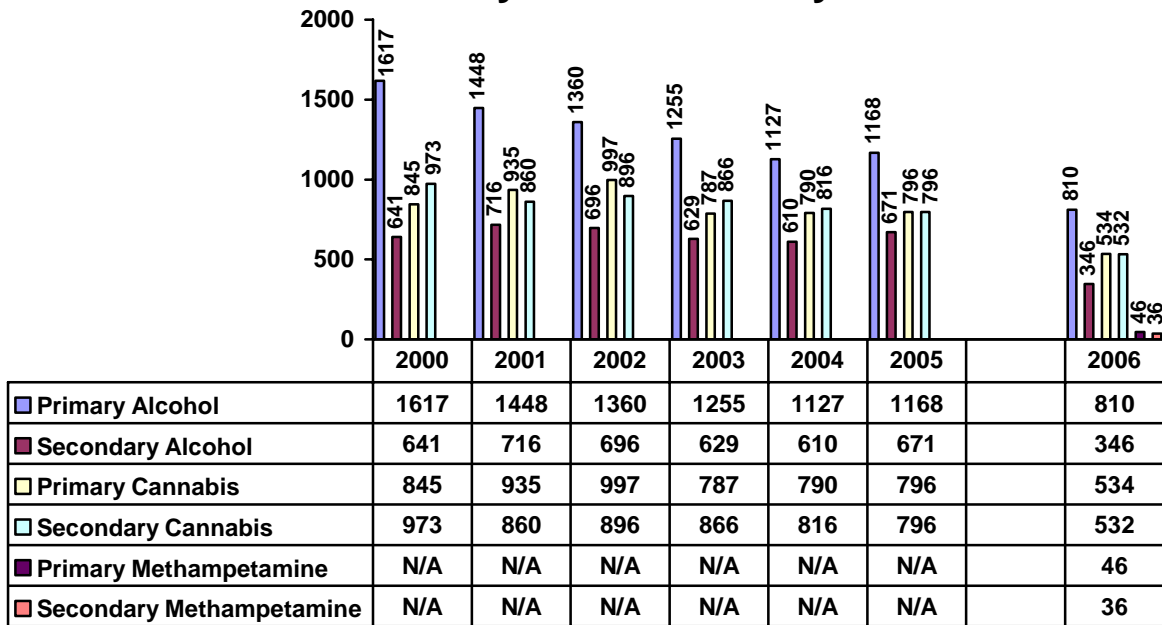
The admission data demonstrates that 3,014 or 27% of clients reported their first use of alcohol and/or drugs at/or prior to age 12; 7,481 or 68% reported their first use of alcohol and/or drugs occurred prior to the age of 21; and 467 or 4% reported their first use of alcohol and or drugs occurred at/or after age 21. The following chart demonstrates at what age clients who received services first began using drugs/alcohol according to data collected at admission in FY2006. (This percentage does not include the 3,215 clients for which we have no record)

### Age of First Use



The following graph is information gathered regarding the primary drugs of abuse by clients under the age of 18.

### Primary and Secondary Abuse Under 18



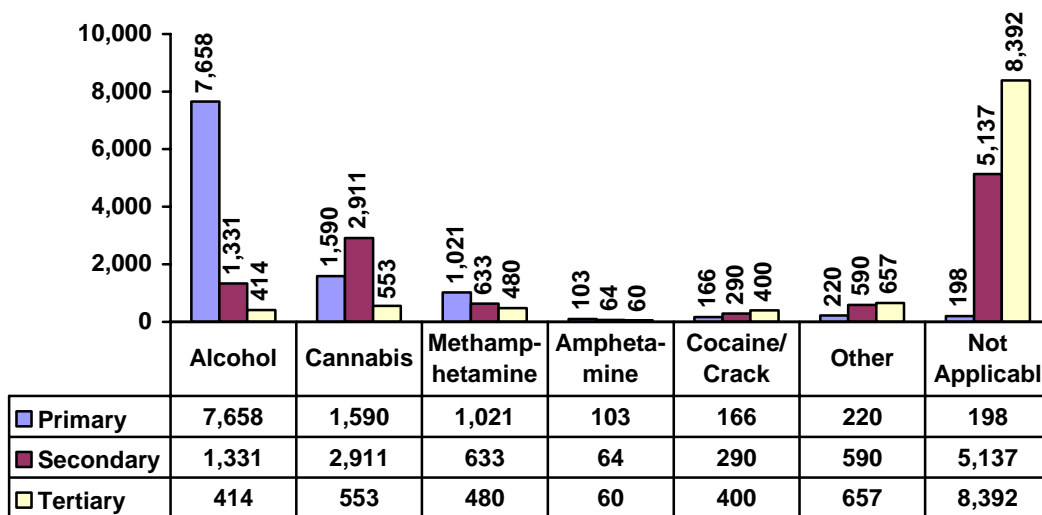
In FY2006, alcohol was the primary drug of abuse for 810 or 55% of the youth and cannabis was the second primary drug of abuse for 534 or 36% of the 1,992 youth under the age of 18. In addition alcohol was the secondary drug of abuse for 346 or 23% of the youth and cannabis was the secondary drug of abuse for 532 or 36% of the youth under the age of 18. Methamphetamine was the primary drug of abuse for 46 or 3% of the youth and the secondary drug of abuse for 36 or 2% of youth under the age of 18.

FY2006 (STARS system) is separated to show that the numbers will show a discrepancy from changing reporting systems. (This percentage does not include the 511 clients for which we have no record.)

### SUBSTANCE OF ABUSE

Most clients who received services had a substance of choice which they abused more heavily than another. The following chart demonstrates client primary, secondary and tertiary substance of abuse at the time of admission in FY2006. The “Other” drugs category would include the following: inhalants, hallucinogens, sedatives, phencyclidine/(PCP), over the counter/(OTC), nicotine, caffeine or other drug.

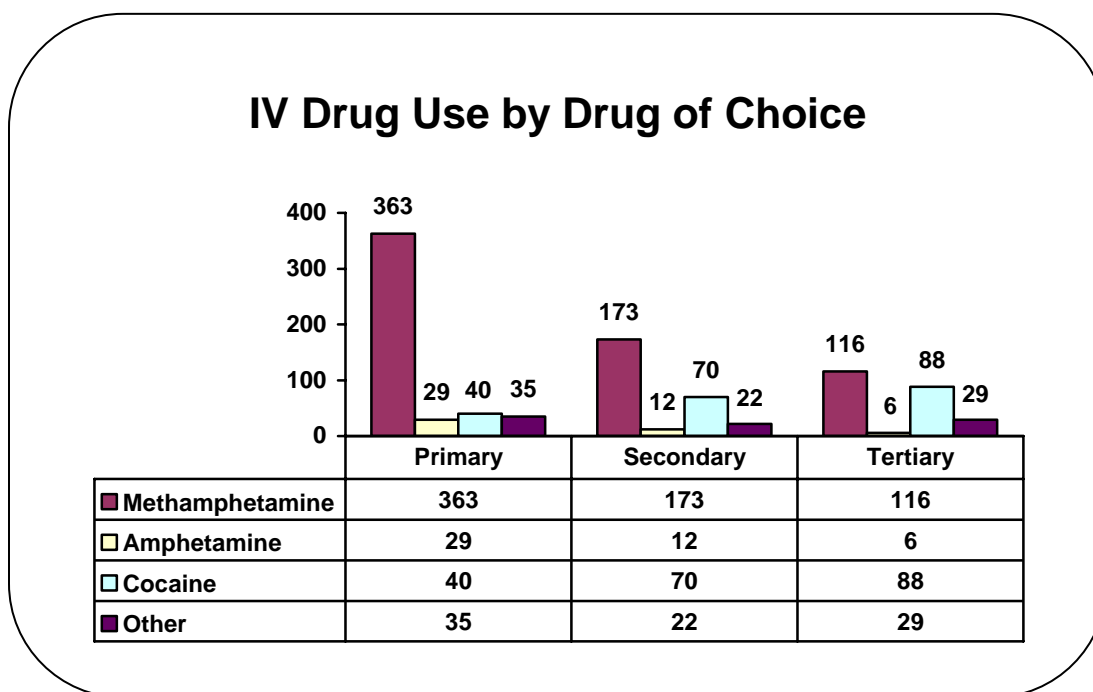
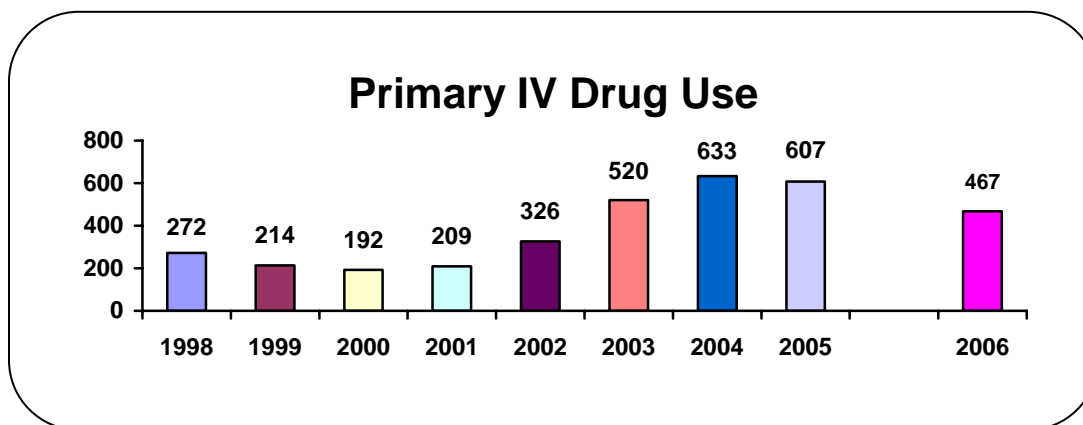
#### Substance of Choice



**\*3,221 clients have no record for their Primary, Secondary, or Tertiary use**

### DATA ON INTRAVENOUS DRUG USE

The following charts demonstrate IV drug use as one of the primary routes of administration and the primary IV drug of choice was methamphetamine. (This does not include the 3,221 clients for which we have no record.)



### **NOTABLE TRENDS**

During FY2006, the Division of Alcohol and Drug Abuse obtained data on 14,177 clients. Services that were offered were Assessments, Intensive Outpatient Treatment, Day Treatment, Outpatient Counseling, Medically Monitored Intensive Residential Treatment, Low Intensity Residential Treatment, and Detox. In FY2006 clients received services through one of the 61 accredited facilities compared to the 60 accredited facilities in FY2005.

The primary drugs of choice during FY2006 were:

Alcohol – 70%    cannabis – 15%    methamphetamine – 9%    other amphetamine – 1%

While in previous years the primary drug of choice using the MIS System is as follows:

The primary drugs of choice during FY2005 were:

Alcohol – 66%    cannabis – 14%    methamphetamine – 6%    other amphetamine – 2%

The primary drugs of choice during FY2004 were:

Alcohol – 64%    cannabis – 13%    methamphetamine – 5%    other amphetamine – 1%

The primary drugs of choice during FY2003 were:

Alcohol – 64%    cannabis – 13%    methamphetamine – 4%    other amphetamine – 1%

The primary drugs of choice during FY2002 were:

Alcohol – 64%    cannabis – 13%    methamphetamine – 2%    other amphetamine – 1%

The primary drugs of choice during FY2001 were:

Alcohol – 66%    cannabis – 13%    methamphetamine – 1%    other amphetamine – 1%

The primary drugs of choice during FY2000 were:

Alcohol – 68%    cannabis – 12%    methamphetamine – 1%    other amphetamine – 1%

During FY2006, there were a total of 690 adolescent Title 19/indigent applicants for Division funding. 674 of those clients were funded by Title 19; the other 16 were funded through insurance or indigent funding. Of the 690 clients, 36 had a methamphetamine diagnosis with 9 that used methamphetamine intravenously. Of the 36 clients; 17 were females and 19 were males; 22 were Caucasian, 12 were Native American, and 2 were Multi-Ethnic.

It should be noted that in FY2006, the number of youth under the age of 18 referred for alcohol and drug treatment services was 1,992 clients. In FY2005 2,456 clients were referred for services and in FY 2004; 2,626 youth were referred for treatment services.

During FY2006, there were 1,194 adult applications for indigent funded treatment reviewed by the Division. 820 of those clients were funded by the Division, 325 were funded by the city or county, 19 were funded through insurance, 13 were funded through private pay, and 17 were funded through another source. Of the 1,194 clients, 265 had a methamphetamine diagnosis with 108 that used methamphetamine intravenously. Of the 265 clients; 121 were females and 144 were males; 194 were Caucasian, 51 were Native American, 15 was Multi-Ethnic, and 5 responded with other.

During FY2006, there were a total of 14,177 clients statewide with a total of 1,729 clients with a methamphetamine diagnosis. During FY2005, there were a total of 16,394 clients statewide with a total of 1,320 clients with a methamphetamine diagnosis.

During FY2006, 138 pregnant-parenting substance-abusing women received chemical dependency treatment services in South Dakota. Of the 138 pregnant-parenting substance-abusing women 38 had a Primary, Secondary, or Tertiary diagnosis of Methamphetamine Dependence. The following chart breaks down their demographics along with their Primary Substance of Choice.

| <b>Race</b>           | <b>Age</b>  | <b>Marital Status</b> | <b>Annual Income</b>  | <b>Primary Substance</b> |
|-----------------------|-------------|-----------------------|-----------------------|--------------------------|
| Caucasian<br>45       | 0-17<br>11  | Married<br>9          | \$0-1,000<br>64       | No Drug<br>44            |
| African American<br>1 | 18-20<br>22 | Widowed<br>1          | \$1,001-10,000<br>46  | Alcohol<br>54            |
| Native American<br>76 | 21-24<br>41 | Separated<br>7        | \$10,001-20,000<br>16 | Cannabis<br>14           |
| Hispanic<br>1         | 25-34<br>54 | Divorced<br>5         | \$20,001-40,000<br>7  | Cocaine<br>1             |
| Multi-Ethnic<br>12    | 35-43<br>10 | Never Married<br>72   | \$40,000 +<br>1       | Meth/Amphetamine<br>24   |
| Other<br>3            |             | No Record<br>44       | No Record<br>4        | Other<br>1               |

During FY2006, there were 97 pregnant/parenting women who completed chemical dependency treatment services in the specialized pregnant women/women with dependent children programs.

The following table identifies treatment and prevention services by category and details the total number of units of service purchased by the Division and the number of clients served.

| <b>Service</b>                        | <b>Total Contract Units</b> | <b>Total Contract Clients</b> | <b>Total Non-Contract Units</b> | <b>Total Non-Contract Clients</b> |
|---------------------------------------|-----------------------------|-------------------------------|---------------------------------|-----------------------------------|
| Early Intervention (15 min/unit)      | 35,361                      | 4,483                         | 39,012                          | 4,265                             |
| Co-Dependency (Non-Contract Only)     | 0                           | 0                             | 36                              | 2                                 |
| Outpatient (Counseling) (15 min/unit) | 121,537                     | 3,613                         | 46,436                          | 1,272                             |
| Intensive Outpatient (15 min/unit)    | 268,625                     | 1,584                         | 574,769                         | 2,877                             |
| Intensive Outpatient (Day)            | 6,784                       | 302                           | 2,324                           | 110                               |
| Intensive Inpatient                   | 5,055                       | 203                           | 37,688                          | 1,174                             |
| Low Intensity Residential             | 53,576                      | 1,057                         | 26,627                          | 384                               |
| Detoxification                        | 6,245                       | 1,189                         | 445                             | 129                               |
| Information Dissemination             | 7,028                       | 295,347                       | 0                               | 0                                 |
| Education                             | 11,145                      | 10,100                        | 0                               | 0                                 |
| Community Based                       | 10,900                      | 22,497                        | 0                               | 0                                 |
| Alternatives                          | 4,757                       | 47,365                        | 0                               | 0                                 |
| Environmental                         | 525                         | 7,139                         | 0                               | 0                                 |
| 19-20 Diversion                       | 1,073                       | 604                           | 0                               | 0                                 |
| PPP Diversion                         | 1,099                       | 196                           | 0                               | 0                                 |
| IPP Diversion                         | 901                         | 304                           | 0                               | 0                                 |
| Evaluations                           | 0                           | 0                             | 0                               | 0                                 |

### **PREVENTION**

During FY2006, a total of \$2,160,146 (a 2% increase from FY2005) was expended in federal funds. In addition \$67,334 was expended in the Resource Development area. What follows is a summary of those prevention projects supported with funding from the Division.

- I. The Division's alcohol and other drug prevention services for FY2006 included a continuum of activities, programs, and projects. Prevention services included alcohol and drug prevention classes, resource center support, violence and bullying prevention, youth trainings for peer leadership, ATOD curriculums, comprehensive health education, and community coalition mobilization.
- II. South Dakota's Prevention Resource Centers are located in Sioux Falls, Watertown, Rapid City, and Lemmon which provide a wide range of services to school and community agencies statewide. Those services include: alcohol and other drug prevention trainings, violence education and trainings to school and community groups; the maintenance of a resource center and library; curriculum



- training and program implementation; a speaker's bureau; prevention evaluation and policy implementation trainings; Improvisational Theater trainings; and other prevention services. In addition, the Prevention Resource Centers also serve as a networking and community collaboration "hub" for their catchments area.
- III. The Division of Alcohol and Drug Abuse is fully committed to community mobilization efforts through the South Dakota Community Mobilization Projects. This initiative is designed to blend the resources of federal, state, and local government together with those of community leadership, volunteers, private and public service providers, families, schools, and all citizens to focus on reducing the incidence of substance abuse in the state. Each Community Mobilization Project is staffed by a Community Prevention Networker (CPN). The CPN's function is to assemble a coalition of community leaders and/or help sustain current ATOD and violence prevention efforts within the community, conduct a needs assessment based on the input of the identified community leaders, develop and implement an action plan (based on the needs assessment) which outlines specific goals and objectives designed to address alcohol/drug abuse and violence issues in the community, evaluate the project on an ongoing basis, facilitate community/student forums focusing around an area of concern/interest, and provide assistance with youth development projects in schools and communities. There are 17 Community Prevention Networkers across the state with offices located in Aberdeen, Watertown, McLaughlin, Pierre, Madison, Huron, Sturgis, Hot Springs, Rapid City, Winner, Mitchell, Chamberlain, Yankton, and Sioux Falls.
  - IV. The Division of Alcohol and Drug Abuse has been the state RADAR (Regional Alcohol and Drug Awareness Resource) Network since 1990. The RADAR Network is a web of state substance abuse offices, universities, clearinghouses, libraries and specialty programs serving in a "knowledgeable exchange" on national, local, and community levels. The RADAR Network plays an intricate role in supporting state prevention, intervention and treatment efforts by providing free publications, immediate access to information, and technical assistance in meeting public health goals relating to alcohol and other drug problems. Associate RADAR Network Centers in South Dakota include the Prevention Resource Centers and the Alcohol and Drug Studies Program at USD. An important feature of the network is PREVline, an Internet gateway to access prevention and treatment information from virtually any point on the globe. The RADAR Network is funded and supported by the national Center for Substance Abuse Prevention (CSAP).
  - V. In 1999, the Division forged partnerships in the community of Sioux Falls, SD and Sioux Falls School District to provide prevention services in the schools. Prairie View Prevention Services is the local accredited prevention program that now oversees staff and prevention programming in each high school and middle school in Sioux Falls. In 2002, Prairie View's services expanded to cover the Canton School District, south of Sioux Falls and in 2003 to Aberdeen, SD and the

Aberdeen School District. Prairie View has 15 staff trained in chemical dependency and/or prevention. Services provided on-site providing screenings, prevention/early intervention programming and other ATOD curriculums to students and staff. Due to the success of this programming, Lifeways, Inc. began providing prevention services in the Rapid City School district in 2003. Currently, Lifeways has 8 prevention staff. Due to the success of school based prevention in the Rapid City School District, Lifeways will expand into 5 schools in the Southern Hills Consortium, south of Rapid City. These school based programs now offer services to over 54,000 students a year.

- VI. The Division of Alcohol & Drug Abuse also provides prevention through the Diversion Program. In this program, juveniles entering the criminal justice system due to an alcohol or drug related offense will be screened to identify whether they have a substance abuse problem. Depending on the information gained in this screening, the individual will either be referred to one of two levels of programming, the Primary Prevention Program (10 Hour) or the Intensive Prevention Program (30 Hour). Each level of programming includes a family component and an early intervention strategy that educates the youth on alcohol and drug related issues as well as the law regarding adolescent's use of chemicals. The community based program utilizes private and public systems to focus on the issue of youth chemical use. If it is determined that the juvenile requires a more extensive level of services, they may be referred to either Intensive Outpatient Treatment or Residential Treatment.

### **GAMBLING**

The Division of Alcohol and Drug Abuse took over the management of compulsive gambling treatment services in FY2000. Service providers applied for funds and based on programs meeting certain criteria were awarded contracts to provide services. There were 464 individuals with some type of compulsive gambling problem who received some type of service during FY2006. Of the 464 clients who had some type of gambling problem, 141 clients received a gambling specific treatment. A variety of services were provided including assessment, individual and group counseling, intensive outpatient treatment, day treatment, and residential treatment. Of the 464 clients, 282 or 61% were male and 182 or 39% were females. Of the 464 clients, 112 or 24% were married, 182 or 39% had never been married, 128 or 28% were divorced, 33 or 07% were separated, and 9 or 2% were widowed. 368 or 79% were Caucasian, 71 or 15% were Native American, 16 or 3% were Hispanic and 9 or 2% were other. The average income was \$19,565

In FY2006, the Division received the second round of outcome data on clients that completed the Gambling Treatment programming. The research was conducted by Mountain Plains Research through a contract with the Division. Although the number of clients in the follow-up study was small (N-98), the results were positive. Of those clients in the follow-up study, 54.6% did not gamble one year post treatment. The report also stated that 70.2% of the clients received treatment through Division funding, 21.6%

were self-pay, 1.4% through Medicare, 1.4% through Medicaid, 2.8% through Blue Cross/Blue Shield, and 7.8% through Private/group insurance.

### **MOUNTAIN PLAINS RESEARCH (MPR) STUDY**

In February of 1999, the Division of Alcohol and Drug Abuse developed a contract with Mountain Plains Research. The contract encompasses indigent clients placed in structured outpatient treatment and residential treatment services paid for by the Division. The forms and procedures used by Mountain Plains Research were adapted from and used with the permission of new Standards, Inc., (CATOR) which was the previous Contractor.

In December of 2005 a report received from Mountain Plains Research on indigent clients had data on 6,571 adult clients and 504 adolescent clients between April 1998 and November 2005 who were admitted to chemical dependency services. Data collected included ethnic origin, marital status, educational attainment, current employment status, financial assistance, treatment payment, referral source, reasons for entering treatment, most recent chemicals used, income, place of residence, problem areas, and religious preferences.

The one-year follow-up results were based on 1,708 adults and 164 adolescents who were contacted by phone or mail. The abstinence rate of those in the 12-month follow-up survey for adults was 46.2% and for adolescents 43.9%. Since some type of court mandate forced many people (72.6% adults and 76.4% adolescents), into treatment, the abstinence rate was considered to be good. However, it is important to note the possibility of obtaining multiple responses to some of the questions in the survey and therefore the percentages may equal more than one hundred.

The follow-up information on the adults shows the following results:

- Clients completing treatment and were abstinent at the time of follow-up were hospitalized 4.7 times less after treatment than they were before treatment, and the number of days of hospitalization was 4.0 times less during the post-treatment period.
- There were more than twice as many emergency room visits before treatment than there were after treatment for those clients that were abstinent at the time of follow-up.
- Before treatment about one-third was unemployed, but one year post-treatment only 9.4 of all persons completing treatment were unemployed. For those that were abstinent during the follow-up period, the unemployment rate was only 7.9%.

The follow-up information on the adolescents shows the following results:

- Juveniles who were abstinent during the follow-up period were hospitalized about 1.9 times less than those who were using substances.
- Clients completing treatment were 2.3 times less likely to be absent from or late to work and 2.3 times less likely to have poor job performance.

- Clients who completed treatment had significantly fewer arrests, 3.6 times fewer misdemeanor arrests and 17.0 times fewer felony arrests after treatment than they did before.

### **DIVISION'S CASE MANAGEMENT PROGRAM**

The Division's case management program continues to expand to not only include all indigent clients but also Title 19 adolescents who are in need of treatment, pregnant substance abusing females, substance abusing females with dependent children, and state employees along with their dependents who are in need of treatment. The division also places clients who are in need of treatment because they have a gambling problem. During FY2006 the Division received 2,022 Indigent and Title 19 applications. This is a decrease from FY2005 when there were 2,027 applications.

The Division of Alcohol and Drug Abuse continues to pre-authorize placements at the Human Service Center. During the past year the waiting list at the adult program has been at a 3 week period. The length of time in placement for both the adults and juveniles is determined by their meeting the ASAM Level of Care dimensions.

### **RELAPSE SERVICES**

Prior to FY05 the Legislature approved funding to provide an intense, short-term residential treatment program for adjudicated adolescents involved in the Department of Corrections. This program was expanded in FY05, when the Department of Social Services agreed to fund all adolescents who are eligible for Title XIX funding and who met criteria for the short-term relapse program, including those involved in the Department of Corrections. This program is designed for adolescents with a primary diagnosis of alcohol and/or drugs, who have completed treatment at least once and have relapsed while on aftercare in the community. The purpose of the program is to assist adolescents in 'getting back on the recovery track' and making vital community connections to support recovery. The focus of the treatment process is to identify primary relapse "triggers", relapse prevention, and development of a continued care plan. Emphases on family involvement, as well as, involvement of other community support providers are a priority. The average length of stay for each adolescent is 18 days. There were 35 adolescents who attended the program in FY2006 compared to the 42 adolescents in FY2005.

### **PREGNANT ADOLESCENT'S PROGRAMMING**

In March 1997, the Department of Human Services, Department of Corrections, Department of Social Services, and Volunteers of America joined in a cooperative effort to develop a program in South Dakota for pregnant or parenting teens and their children. A cooperative public/private venture, New Start, is a living and learning center for pregnant and parenting females between ages 12-18 that are referred by the Department of Corrections, Social Services, Human Services, or private sectors. The program provides a structured, safe, therapeutic, and staff-secure environment.

The overall goal of New Start is to provide the pregnant and parenting females with the services necessary for the achievement of self-sufficiency. New Start ensures the provision of a continuum of services to juvenile females who are in need of residential treatment and support services to make a successful transition to independent, productive living. New Start participants gain assistance in obtaining their high school diplomas, GED, and/or specialized skill training; improve their employability skills; address their chemical dependency, mental health, and/or legal problems; increase their knowledge or and skills in parenting, child care, self-care, independent living, health, nutrition, and relationships. Accountability and personal responsibility, employment, education, self-sufficiency, and quality parenting are the long-term goals. The New Start facility provides safe shelter to a minimum of 8 females. Since the program's inception, 166 adolescents have received services from the New Start facility. There were 22 pregnant adolescents who attended the program in FY2006.

### **PREGNANT WOMEN'S PROGRAMMING**

Effective July 1, 1998, the South Dakota State Legislature amended the guidelines for the emergency commitment and involuntary commitment of alcoholics and drug abusers. The emergency commitment was expanded to provide for the protection of children from prenatal exposure to alcohol and drugs. The involuntary commitment was amended to include pregnant women abusing alcohol or drugs. The result of the change in statute is the identification and commitment of pregnant substance abusing women to long term treatment.

In mid-January 2000, the Department of Human Services (DHS) and the Department of Social Services (DSS), through a cooperative effort with Volunteers of America-Dakota in Sioux Falls and Behavior Management Systems in Rapid City developed specialized programs for substance abusing pregnant women and women with dependent children. Both programs are residential treatment programs for 18 and older pregnant and parenting females, and their dependent children, who are struggling with drinking and/or taking drugs and who lack the ability to abstain from drinking or taking drugs. These programs provide coordinated substance abuse intervention and treatment, health care, and supportive services to pregnant and/or parenting women.

The experience of the client who attends these programs includes 45 days of Medically Monitored Intensive Inpatient Treatment Services. Upon completion of inpatient treatment, the client can then be discharged to a lesser level of care and move into the Low-Intensity Residential Treatment portion of the program. Since a primary goal of these programs is to ensure that when a woman leaves the treatment facility, she has the skills necessary to care for herself and her baby, the length of the program is individualized according to the needs of the woman and her children. Projected length of stay is 3 months post-delivery to allow for the comprehensive assessment of the mothers parenting ability and transition back into the home community. Since inception, 496 women have admitted to the specialized pregnant women/women with dependent children chemical dependency programs beginning in January 2000 to June 2006. During FY06, (July 1, 2005 to June 30, 2006) 97 women have been resident's of the two programs.

### **JUVENILE JUSTICE PREVENTION PROGRAMS**

During FY2006 the Division in conjunction with the Unified Judicial System, continued to promote and fund the Juvenile Prevention Programming to meet the needs of those adolescents involved with the legal system due to the use of chemicals. The Intensive Prevention Programs (IPP) and Primary Prevention Programs (PPP) in South Dakota are a priority. Diversion programming is operational in each of the state's seven Circuit Court districts and in two of the state's three Juvenile Detention Centers. These programs are designed for youth entering the juvenile justice system due to an alcohol or drug related offense. An initial screening is used to determine whether the juvenile has a substance abuse problem. Depending on the information gained in the screening, the individual is referred to the appropriate level of programming. The Intensive Prevention Program (IPP) is for youth that have multiple offenses. There is also a Young Adult Alcohol Offender Diversion Program for 19-20 year old youth with Underage Consumption violations.

From June 1, 2005 – May 31, 2006, 1,104 juvenile and young adults were referred to and completed the diversion programs.

### **CORRECTIONS SUBSTANCE ABUSE PROGRAMS**

During FY2006 the Division continued to provide initial and ongoing services to both adults and adolescents through the Correctional Substance Abuse Programs.

Adolescent programming is provided to all units of the STAR Academy (formally Custer Youth Corrections Center). Multi-level care, based on program focus and individual need include: a full treatment needs assessment provided for all individuals entering the institution, intensive outpatient treatment and relapse specific treatment for those in need at the Patrick H. Brady Academy, pre-treatment, intensive outpatient treatment, and continuing care for all those involved in the Youth Challenge Center (formally Living Center A) and the QUEST girls program, and continuing care services for those in need at the Living Center (formally Living Center B). Twelve-step meetings are also held on campus. There were 59 adolescent females and 135 adolescent males who received intensive outpatient treatment from these facilities in FY2006. There were also 43 males and 34 females who received aftercare services in FY2006.

In addition, the Coordinator of Transition and Community Services serves as a liaison between the Division of Alcohol and Drug Abuse, Correctional Substance Abuse Programs, State Training and Rehabilitation Academy, Juvenile Community Corrections, and community providers to ensure comprehensive and ongoing chemical dependency services to juveniles under the supervision of the Department of Corrections. This position started in April 2005 and provides the necessary links between the Department of Corrections (institutional and community corrections), and community chemical dependency agencies on a statewide basis to ensure that all juveniles are transitioned from institutional to community services at the appropriate level of care, regarding their chemical dependency needs. The Coordinator also reviews documentation and recommendations for all institutionalized juveniles (state and private) to justify

transitioning them into the appropriate level of services in the community, as well as initiating and making recommendations directly to the Division of Alcohol & Drug Abuse for juveniles who meet the criteria for Inpatient services.

The Correctional Substance Abuse Programs also provided services at all adult institutions in the state. Multi-level care, based on program focus and individual need include: an initial assessment on all individuals entering the institutions and a full treatment needs assessment for those in need of treatment services. Treatment services provided are: primary intensive outpatient treatment, relapse specific treatment, Native American specific treatment, Co-Occurring diagnosis treatment, and Methamphetamine specific treatment. A variety of these groups are facilitated at the Yankton Trustee Unit, Mike Durfee State Prison, South Dakota Women's Prison, and South Dakota State Penitentiary. Continuing care programs and twelve-step meetings are also available for those who request them.

The Correctional Substance Abuse Programs also provide services to Parolees. The Community Transition Program [CTP (formally SIP)] includes relapse specific treatment for parolees who have violated their parole agreement due to use of alcohol and/or other drugs. Phase I is at Mike Durfee State Prison where they will complete all programming. Phase II will be at a Minimum Facility where they will focus on employment. In addition, the Coordinator of Transition and Community Services provides a link between the adult institutions, parole services and community providers to ensure a smooth transition from institutional care to community services as well as arranging for community services to those parolees who are already on parole.

2,383 inmates (1,956 male and 427 female) received a Treatment Needs Assessment during FY2006, a decrease of 2% from FY2005. There were 1,380 male and 246 female inmates and parolees who received intensive outpatient treatment in FY2006. This is an increase of 20% from FY2005. The Coordinator of Transition and Community Services referred 1,273 clients in FY2006 to some level of care in a community agency, which is a decrease from FY2005 by 5.5%. Thirteen percent of the inmates paroled did not receive treatment inside the Institution due to a short sentence, serving their sentence in a disciplinary unit, or serving their time in a Unit that treatment is not offered.

Outcome studies completed by Mountain Plains Research submitted in December 2005 on those adults who received services through the Correctional Substance Abuse Programs indicate that:

- 49.9% did not use alcohol or other drugs during the initial 12 months following institutional release. This was a slight increase from FY2005.
- Those who attended twelve-step programming had superior outcomes compared to those that did not.
- Educated, older, and employed individuals had better outcomes (substance and arrest free, fewer parole violations).

Outcome studies completed by Mountain Plains Research submitted in December 2005 on those adolescents who received services through the Correctional Substance Abuse Programs indicate that:

- 34.3% did not use alcohol or other drugs during the initial 12 months following institutional release. This statistic remained the same from FY2005.
- 28% had their aftercare revoked. This statistic also remained the same from FY2005.
- Juveniles who completed chemical dependency continuing care: mental health services, family counseling, community service projects, and/or twelve-step programming had better outcomes (substance and arrest free, fewer aftercare violations, fewer revocations).

### **SPECIALIZED METHAMPHETAMINE PROGRAMS**

There are two Specialized Methamphetamine programs that are running within the State of South Dakota. The two programs are City/County Alcohol & Drug along with Keystone Correctional Meth Program. The following will give you a brief description of these two programs.

#### **City/County Alcohol & Drug Program:**

This is a long term Day Treatment Program at the Friendship Halfway House in Rapid City, SD. The program consists of six months of residential programming at the halfway house followed by six months of aftercare. This program is a research project for individuals and is for males only. There are 25-30 slots per year. Phase one-**Stabilization** consists of having the client admitted and if not experiencing any withdrawal symptoms, he will be moved into Phase II and begin treatment. Phase Two-**Intensive Treatment**. Treatment will consist of 20 hours a week of group therapy for 8 weeks. Phase Three-**Structured Living**: each individual will be admitted to an Intensive Outpatient Treatment setting consisting of 15 hours of group therapy a week for 8 weeks in the Half-Way House. Phase four-**Community Placement**. Each client will reside in the Half-Way House for a Low Intensity Residential Treatment Program for 90 days. They will continue to have 5 hours of group therapy a week. During this phase a client will be reintegrated into the community and have a mentor to aid them in this final phase before returning to their place of residence. When discharged, the client will go through 6 months of aftercare.

#### **Keystone Correctional Meth Program:**

This is an Intensive Inpatient Long Term Treatment Program that is utilized only in extreme cases and when all other means of treatment have been exhausted. This program is an alternative to violating the conditions of parole/probation and returning the client to a correctional institution. There are 20-25 slots per year. Phase one-**Stabilization** consists of having the client admitted and if not experiencing any withdrawal symptoms, he/she must be moved into Phase II within 3 working days. This phase is completed at the



Keystone Treatment Center in Canton. Phase Two-**Intensive Treatment** includes education, individual, group, and family therapy, but also medical, behavioral, and mental health interventions will be applied as indicated and appropriate. Phase Three-**Structured Living** each individual will be admitted to a High Intensity Residential stay facility such as a Half-Way house or Community Transition Program. This phase lasts 90 days and will include a 6-8 weeks of Intensive Outpatient Treatment Programming, followed by continuing care services. Phase four-**Community Placement**. Each client will return to the home community and link with existing community resources, local Methamphetamine Coalitions and remain in contact with the mentor for the remainder of the year long continuum of care.

**SD Department of Human Services**  
**Division of Alcohol & Drug Abuse**  
**Summary of Expenditures for SFY 2006**

| <b>Service Activity</b>                    | <b>Federal</b>             | <b>General</b>             | <b>Other</b>             | <b>Total</b>                |
|--|----------------------------|----------------------------|--------------------------|-----------------------------|
| Administration                             | \$ 330,216.61              | \$ 269,091.42              | \$ 23,034.45             | \$ 622,342.48               |
| Inpatient / Residential                    | \$ 409,332.05              | \$ 500,777.78              | \$ -                     | \$ 910,109.83               |
| Outpatient Treatment                       | \$ 378,340.40              | \$ 900,117.99              | \$ 8,767.00              | \$ 1,287,225.39             |
| Counseling Services                        | \$ 427,638.49              | \$ 519,977.25              | \$ 77,020.00             | \$ 1,024,635.74             |
| Detoxification                             | \$ 168,527.58              | \$ 128,562.27              | \$ -                     | \$ 297,089.85               |
| Clinically-Managed Residential             | \$ 1,238,833.43            | \$ 631,018.42              | \$ 629,923.95            | \$ 2,499,775.80             |
| Prevention                                 | \$ 2,160,146.44            | \$ -                       | \$ -                     | \$ 2,160,146.44             |
| Resource Development-Treatment             | \$ 53,815.50               | \$ -                       | \$ -                     | \$ 53,815.50                |
| Resource Development-Prevention            | \$ 67,334.72               | \$ -                       | \$ -                     | \$ 67,334.72                |
| Treatment Gambling                         | \$ -                       | \$ -                       | \$ 179,889.50            | \$ 179,889.50               |
| West River-Intensive Outpatient Tx         | \$ 461,557.50              | \$ -                       | \$ -                     | \$ 461,557.50               |
| <b>Subtotal</b>                            | <b>\$ 5,695,742.72</b>     | <b>\$ 2,949,545.13</b>     | <b>\$ 918,634.90</b>     | <b>\$ 9,563,922.75</b>      |
| <br>Title XIX - Pregnant Women             | <br>\$ 160,617.37          | <br>\$ 86,028.13           | <br>\$ -                 | <br>\$ 246,645.50           |
| Title XIX - Adolescents                    | \$ 1,753,165.10            | \$ 933,223.62              | \$ -                     | \$ 2,686,388.72             |
| Title XXI - CHIP (Medicaid Expansion)      | \$ 266,528.24              | \$ 85,538.10               | \$ -                     | \$ 352,066.34               |
| Title XXI - CHIP (Non-Medicaid)            | \$ 69,203.61               | \$ 19,412.92               | \$ -                     | \$ 88,616.53                |
| <b>Subtotal</b>                            | <b>\$ 2,249,514.32</b>     | <b>\$ 1,124,202.77</b>     | <b>\$ -</b>              | <b>\$ 3,373,717.09</b>      |
| <br>SA - Corrections Adult                 | <br>\$ 383,946.95          | <br>\$ 1,029,692.21        | <br>\$ 59,447.86         | <br>\$ 1,473,087.02         |
| SA - Corrections Adolescent                | \$ 151,687.26              | \$ 285,333.53              | \$ -                     | \$ 437,020.79               |
| <b>Subtotal</b>                            | <b>\$ 535,634.21</b>       | <b>\$ 1,315,025.74</b>     | <b>\$ 59,447.86</b>      | <b>\$ 1,910,107.81</b>      |
| <br>Special Projects - Data Infrastructure | <br>\$ 114,097.76          | <br>\$ 54,077.05           | <br>\$ -                 | <br>\$ 168,174.81           |
| Special Projects - State Incentive (SIG)   | \$ 20,320.84               | \$ -                       | \$ -                     | \$ 20,320.84                |
| Special Projects - FASD                    | \$ 31,315.92               | \$ -                       | \$ -                     | \$ 31,315.92                |
| <b>Subtotal</b>                            | <b>\$ 165,734.52</b>       | <b>\$ 54,077.05</b>        | <b>\$ -</b>              | <b>\$ 219,811.57</b>        |
| <br>Methamphetamine Treatment              | <br>\$ 471,710.28          | <br>\$ 120,849.81          | <br>\$ -                 | <br>\$ 592,560.09           |
| Case Management Services                   | \$ 102,544.78              | \$ -                       | \$ -                     | \$ 102,544.78               |
| <b>Subtotal</b>                            | <b>\$ 574,255.06</b>       | <b>\$ 120,849.81</b>       | <b>\$ -</b>              | <b>\$ 695,104.87</b>        |
| <br><b>Total Expenditures - SFY2006</b>    | <br><b>\$ 9,220,880.83</b> | <br><b>\$ 5,563,700.50</b> | <br><b>\$ 978,082.76</b> | <br><b>\$ 15,762,664.09</b> |